

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010148

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

360

Primary Registration District No.

3076

Registrar's No.

36

STATE FILE NUMBER

FILED MAR 12 1963

VS 300  
Rev. 4/59

1 1085

2 1080

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4 0

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12 1-0

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

|  |   |  |                                      |
|--|---|--|--------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Vernon</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>                            |                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Nevada</b>   |   | c. CITY OR TOWN <b>Statesbury</b>  |                                      |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Nevada Hospital</b>  |   | d. STREET ADDRESS (If outside, give location)<br><b>Rural</b>  |                                      |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>Layton P. Ware</b>  |   | 4. DATE OF DEATH<br>Month <b>February</b> Day <b>17</b> Year <b>1963</b>   |                                      |
| 5. SEX<br><b>M</b>   | 6. COLOR OR RACE<br><b>Wh</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>6-10-1886</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Mechanic - Farmer</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Retired</b>  |                                      |
| 13a. FATHER'S NAME<br><b>Layton Ware</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Julia B. Martin</b>  |                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes WWI</b>  |   | 16. SOCIAL SECURITY NO.<br><b>[REDACTED]</b>   |                                      |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I: DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Uremia</b>  |   | 17. INFORMANT<br><b>Robert Lee Ware, Letapac, California</b>   |                                      |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause - last.<br>DUE TO (b) <b>Arteriosclerotic Cardio-Vascular</b>   |   | DUE TO (c) <b>renal disease</b>  |                                      |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                      |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |                                      |
| 20c. TIME OF INJURY<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year   |   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                      |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION<br><b>Richards</b>  |                                      |
| 20g. COUNTY<br><b>Missouri</b>   |   | 20h. STATE<br><b>Missouri</b>  |                                      |
| 21. I attended the deceased from <b>Jan 24 1963</b> to <b>Feb 17 63</b> and last saw him alive on <b>Feb 17, 1963</b><br>Death occurred at <b>11:07 a</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |                                      |
| 22a. SIGNATURE<br><b>Layton P. Ware</b>  |   | 22b. ADDRESS<br><b>Nevada</b>  |                                      |
| 22c. DATE SIGNED<br><b>2/19/63</b>   |   | 22d. (State)   |                                      |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>February 20 1963</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Richland Cemetery</b>   |                                      |
| 23d. LOCATION (City, town, or county)<br><b>Richards</b>   |   | 23e. STATE<br><b>Missouri</b>  |                                      |
| 24. FUNERAL DIRECTOR<br><b>Ferry Funeral Home</b>  |   | 25. DATE REC'D. BY LOCAL REG.<br><b>3-6-1963</b>   |                                      |
| 26. REGISTRAR'S SIGNATURE<br><b>Anna G. Perry</b>  |   | 26. (State)  |                                      |

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*L. Anglin Ferry*

Licensed Embalmer No. 4960

P. O. Address Nevada, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.